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This research study examines how characters with obsessive-compulsive disorder (OCD) are represented in young adult (YA) realistic fiction. How are characters with OCD represented in young adult realistic fiction? How accurately does this representation educate YA readers about OCD? Using qualitative content analysis, a sample of six YA novels were read and coded in an excel spreadsheet. They were coded for OCD diagnostic criteria, according to the *DSM-5*, and different aspects of medical treatment. This study provides fresh insight into how OCD narratives, published between 2010-2020, are represented according to APA standards and for the educational value of YA readers.

Headings:

Young adult literature

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Qualitative Research

Content analysis

OBSESSIVE-COMPULSIVE DISORDER IN YOUNG ADULT REALISTIC FICTION: A CONTENT ANALYSIS

by

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Introduction

The incorporation of diverse characters in young adult (YA) literature is paramount for today's adolescent and young adult readers. Mental illness is one form of diversity on the rise. The field of Library and Information Science (LIS) has seen a growing number of studies on mental illness representation in YA literature over the last ten years. But this area of study is still scarce. A majority of the recent studies that feature characters with a mental illness focus on a range of different mental illnesses or characters with disabilities in general.

Obsessive-compulsive disorder (OCD) is just one of many formally diagnosed mental illnesses, according to the *Diagnostic and Statistical Manual of Mental Disorders - DSM-5* (American Psychiatric Association). This qualitative content analysis investigates the portrayal of OCD symptoms in YA realistic fiction novels.

Education is a powerful tool for combating social stigma against mental illness in the classroom. Librarians and educators need to understand the mental health messages in the books they promote. This study seeks to address a growing concern for teen and young adult mental health representation. This research is intended to analyze OCD representation in contemporary YA novels, published between 2010 and 2020. It can then be used as a reference guide for educational purposes by youth services' librarians, teachers, and professors seeking to diversify their YA collections.

Positionality Statement

I must begin this study by addressing a few positionality and ethical research concerns. I choose to conduct this research study on the representation of mental illness in young adult literature because it is a new and emerging topic of study in the field of library science.

This study is intended for the field of Library and Information Science (LIS), not psychology or any other academic field. Therefore, I have stayed as true as possible to reliable mental health resources, such as the *DSM-5*, along with various other certified mental health resources, for clarification purposes. Among these resources is the American Psychiatric Association.

I do not claim to have OCD. I have no personal experience with OCD or any other form of mental illness. I am a MSLS graduate student. I did not attempt to diagnose any of these characters. I am not a medical professional or psychologist.

The data collection for this content analysis follows a pilot tested coding frame. As the sole researcher, I created the coding frame using the *DSM-5*. I carefully selected a diverse sample of books, coded them, and analyzed the results using the method of qualitative content analysis.

Literature Review

Key Concepts and Statistics

The study of mental illness in young adult (YA) literature is a fairly recent trend. A majority of it spans the last two decades. There are many more journal articles that look at disability in general. Mental illness is a type of disability, often grouped into the broader study of disability representation in literature. The term mental disability is interchanged with the term "mental illness" in LIS literature, while more medical related resources and some government run websites use the term "mental disorder." I will use these terms interchangeably. The American Psychiatric Association defines a mental illness as,

> "Health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities" (American Psychiatric Association, What is Mental Illness?).

Though my study looks at obsessive-compulsive disorder (OCD), there are few studies on this specific disorder's representation in YA novels. This literature review will explore a range of studies about many types of mental illness in YA literature, including depression, anxiety, OCD (and related disorders), schizophrenia, bipolar disorder, and Post-traumatic stress disorder (PTSD).

Roughly one in five adults in the United States live with a mental illness (American Psychiatric Association). To understand how widespread the effects of mental illness are among the readers of YA literature, it is important to look at the statistics

among adolescents (aged 13-18) and young adults (aged 18-25). According to a complied set of statistics by the National Alliance on Mental Illness (NAMI), 16.5 percent of 6-17-year olds living in the US had a mental health disorder in 2016. This translates to about 7.7 million young people. Another study found "50% of all lifetime mental illness begins by age 14, and 75% by age 24" (NAMI). The Substance Abuse and Mental Health Services Association (SAMHSA) found of the 8.9 million young adults that reported having a mental illness in 2018, more than 2 in 5 went untreated. Awareness of mental health is on the rise. With a majority of mental disorders developing at such a young age, representative reading material is vital.

Another informative source on mental health, for adolescents and young adults in particular is The U.S. Department of Health and Human Services (HHS) webpage titled "Adolescent Mental Health Basics." It outlines warning signs, statistics, and common symptoms, along with research done on access to mental health care.

Equitable access to treatment is a serious issue. Discussion of treatment is a common theme across many fictional, young adult books with mental illness. OCD treatments typically encompass therapy, such as cognitive-behavioral therapy (CBT), plus medication. CBT is used to help people with OCD recognize their "negative thought patterns," question the validity of these thoughts, and ultimately mend their thought processes (Richmond, 2019). But many adolescents and young adults face barriers when it comes to mental health care, due factors such as age, race, gender, and socioeconomic status. For example, youth of color have a more difficult time obtaining mental health services than whites (HHS). Also, "In 2016, only 41 percent of the 3.1 million adolescents who experienced depression within the past year received treatment" (HHS,

2016, Access to Mental Health Care). Among researchers there is a growing awareness of the impact that various treatment options have among mental health patients. There is still a lot of research being done. Therefore, representation in YA literature can help boost awareness to the lack of diversity in mental health care.

This study looks at YA realistic fiction novels with OCD representation. The *Diagnostic and Statistical Manual of Mental Disorders - DSM-5* is a handbook used by mental health care professionals. They use it while working with patients or fellow researchers to study the effects of various mental health medications, and to explore other treatment options. It is divided into sections by mental disorder, which include "descriptions, symptoms, and other criteria for diagnosing mental disorders" (American Psychiatric Association, *DSM–5*: Frequently Asked Questions). It is the most up to date version of the *DSM*, published in 2013, and applies relatable language for communicating mental health diagnoses to patients. The *DSM-5* describes OCD as following two main diagnostic criteria.

> OCD is characterized by the presence of obsessions and/or compulsions. *Obsessions* are recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, whereas *compulsions* are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly (American Psychiatric Association, 2013, 64).

The time-consuming nature of these obsessions and compulsions is the second diagnostic criteria. Obsessions and compulsions vary from person to person. They typically involve "cleaning, symmetry, forbidden or taboo thoughts, or fears of harm" (American Psychiatric Association). According to the International OCD Foundation, 1 in 200 children and teens have OCD. This statistic translates to roughly 20 adolescents per every medium to large high school (International OCD Foundation). 25 percent of cases spring

up by age 14 (Anxiety and Depression Association of America (ADAA). But OCD can appear as early as ages 8 to 12, or as late as young adulthood (International OCD Foundation).

Stigmas Surrounding Mental Illness

Before diving into previous research findings, it is important to note the presence of stigma. Books are a source of information that many Americans turn to for informative and entertainment purposes. The ideas pushed by media articles have the potential to influence people's perspectives on mental illness. If the media yields such power, what is to say fictional narratives can't exhibit similar influence?

A study done by Moses (2010) described social stigma as treating a child with "prejudicial attitudes and discriminating behavior" because they have been labeled with a disability that may or may not influence their apparent behavior. Parcesepe and Cabassa (2013) used the term public stigma as the basis for their systematic literature review. They defined public stigma as, "negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness" (Parcesepe & Cabassa, 2013, 1). These definitions are very similar. They both characterize stigma as involving discrimination against people with mental illness, based on negative attitudes. These harmful assumptions are fueled by the media. In her master's paper, Shortley (2018) discovered that the media is somewhat responsible for the stigma surrounding peoples' perceptions of disability. Violence was a common theme throughout her sample of 5-7 YA novels. A similar trend was discovered by McGinty (2016). Among his sample of 400 national and regional US news stories pertaining to mental illness from 1995-2016, 55 percent encompassed violence. This violence included everything from

interpersonal violence to suicide. Forty-seven percent discussed some sort of treatment, but only fourteen percent of these mentioned how treatment helped people recover from or manage their mental illness. Social and public stigmas against disabilities are reflected in some YA literature, as well as media coverage over the last few decades. This stigma makes it harder for people to gain public support for government funding of treatment, the creation of treatment policies, and interpersonal support from peers, family, friends, and coworkers (McGinty, 2016).

Moses took a look at the issue of stigma from an interpersonal perspective. He interviewed 56 adolescents (aged 12-18) with at least one mental illness in a mental health wraparound program. They were questioned about their personal experiences with social stigma within three interpersonal domains. These domains included "family members, peers/friends, and school staff" (Moses, 2010, 986). When a student was stigmatized in one of these domains, their chances of experiencing stigmatization in another increased (Moses, 2010). The incorporation of quotes added creditability, making up for his small sample. The teens shared an array of disconcerting personal experiences, such as being made fun of by their peers, feared or unfairly disciplined by teachers, and gossiped about by extended family. A majority of the articles in this review point to one or more discriminatory viewpoints. The problem, though it may seem distant to some young people, hits closer to home for others. YA literature has the power to shift this narrative, bringing positive mental health attitudes to the foreground.

YA literature is a tool used to confront stigma against mental illness. This topic of study is fairy new to the LS field. The following research was published over the last decade. A study by Wickham (2018) claimed that it is possible to share realistic mental

health experiences without relying on stigma and stereotypes. She analyzed two YA novels with schizophrenic protagonists: *Freaks Like Us* and *Challenger Deep*. Examining whether they accurately portrayed schizophrenic teens, or relied on stereotypes. She was able to conclude the former. There is a healthy balance between realistic mental illness symptoms and the imperfect nature of being a teenager. She described this literary phenomenon as "lifting the rug, exposing mentally ill kids as just what they are: human beings" (Wickham, 2018, 16) For an online book blog by the *Guardian*, Williams (2015) discussed why we need mental health topics in YA books. In all six books she critiqued for characteristics of mental illness, she noticed something. When a character's experience with mental illness felt realistic, it was not the focal point of the story. It was one characteristic of a fleshed out character. These texts combat stigma against mental illness through their dynamic representations. Educating young people about realistic experiences with mental illness should take a "narrative based approach" (Parcesepe & Cabassa, 2013, 14).

Evaluation of Mental Illness in YA Literature

There are a number of recent studies on the representation of mental illness in YA literature. Some review books with an OCD diagnosed character, such as *Turtles All the Way Down* by John Green, *OCD Love Story* by Cory Haydu, and *Kissing Doorknobs* by Terry Hesser. Richmond (2019) investigated three YA books with OCD protagonists. He used the *DSM-5* as a guide to accurately interpret OCD symptoms. For each book he analyzed the following elements: "Warning Signs / Symptoms / Diagnosis," "Psychiatric Treatment," and "Reactions from Peers, Parents, and Others" (Richmond, 2019). One of his most interesting findings dealt with treatment. The most prevalent form of treatment

for OCD is a mixture of "medication, therapy, or a combination of both" (Richmond, 2019, 2441). Treatment plans vary from one patient to the next. In Tamara Stone's novel, *Every Last Word*, some of Samantha's symptoms include thought spirals and obsessive research. Her treatment involves a combination of medication and cognitive-behavioral therapy (CBT). In John Green's *Turtles All the Way Down* Asa visits a therapist, who teaches her breathing exercises along with CBT techniques. Even though she avoids her medication, she uses therapy as a coping mechanism. Of the three books Richmond discusses, every protagonist receives therapy. Another article that mentions therapy, penning the term "Disability Narrative theory" pertaining to the study YA literature, is Scrofano (2019). Disability narrative theory consists of three narrative categories. These categories are "restitution, chaos, or quest narratives" (Scrofano, 2019, 1). According to Scrofano's research, many characters accept treatment because of their desire to cope or recover. Some deliberately avoid treatment, due to some form of distrust or skepticism.

The next theme pertains to characters hiding their mental illness out of shame, denial, or a deep-seated desire to fit in. This stems from a fear of being misunderstood, resulting in a "fear of isolation, bullying, and powerlessness" (Wickham, 2018, 10). In a book with advice on how to teach difficult topics in the classroom using YA, Olan and Richmond (2020) contributed a chapter on examining mental illness in *Turtles All the Way Down*. It instructs readers on how to determine whether a character tries to hide their symptoms. There are many reasons why a character may mask their OCD. Asa hides her OCD from her love-interest Davis Pickett. She worries Davis will reject her if he learns she has OCD.

While evaluating the work of three theorists, Scrofano connected the dots between hiding a mental illness and a deep-rooted desire to value a "state of wellness" over everything else (Scrofano, 2019). Each character in Richmond's book (2019) frets over appearing "different." They yearn for a sense of normalcy in their lives. Wickham discusses how this frame of mind causes some readers to question a narrator's reliability. But we must remember, "1) We have much to learn about afflictions of the mind, and 2) none of us has direct access to unfiltered reality and truth; we must rely on our brains to process information" (Wickham, 2018, 19). We all view the world through our own unique lens, fueled by personal experience. What motivates a character to keep their mental health private may not be as simple as it seems. In *Every Last Word* Samantha's loyalty is split between her popular friends and a group of misfits, called the Poets Corner. Richmond indicates how she not only battles OCD, but tries her best to fit in. She's afraid to open up about her OCD, fearing the loss of multiple friendships. These narratives realistically portray OCD diagnoses, while incorporating them into the dynamic narratives of teens and young adults.

Another note, that ties this research together, is the weight put on a character's mental health. The mental state of a character should not overshadow the other pieces of the story, even though it plays a major role in shaping the character. In *Not as Crazy as it Seems* by George Harrar, Devon does not receive a formal OCD diagnosis until the end of the novel (Richard 2019). Devon's doctor prescribes behavior modification therapy to help bring order to his life. The novel does not reduce mental illness to a simple recovery story. By leaving the story open-ended Harrer provides a snapshot of Devon's experience, while staying true to real life. Stephen Chbosky**,** author of the epistolary

novel the *Perks of Being a Wallflower*, incorporates a similar plot device. In a case study intended to educate people on the "individual experience of mental illness," Monaghan (2016) analyzed Chbosky's novel. There is no doubt that Charlie's mental health makes his life a challenge. He exhibits symptoms of depression, anxiety, and possible posttraumatic stress disorder (PTSD), even though he is never formally diagnosed. The end of the novel shows a changed Charlie, embracing his situation in life. He understands he needs help. He learns to cope with the cards he's been dealt, rather than dwell on them. *The Perks of Being a Wallflower* is not wrapped up in a neat bow. It is just as open-ended as *Not as Crazy as it Seems*.

It is possible to have a realistic mental health narrative without relying on stigma or stereotypes. The voice of a character makes a difference in their mental health journey. Both schizophrenic characters in *Freaks Like Us* and *Challenger Deep* were chroniclers of their own stories (Wickham, 2018). It begs the question: are teen characters with a mental disorder(s) portrayed as the hero of their story or marginalized to the sidelines? To quote John Green, when writing a character with a mental illness, authors should "neither idolize them as gods nor dismiss them as animals" (Wickham, 2018, 16). These studies have shown that representation is a balancing act, between your typical growing pains and mental health. Characteristics of mental illness are embedded in the grander teen-driven narrative of YA novels. There are a plethora of other biological, environmental, and situational pressures that everyone faces (Monaghan, 2016). The article, grounded in disability narrative theory, also subscribes to this idea. The theme of mental illness should not be minimized into a watered-down problem novel (Scrofano, 2019). From their sample of books they concluded that problem novels are never tied up in a bow. My

study looks at how teen and YA characters both struggle with and grow from their OCD. My content analysis provides a more in-depth look at these complex narratives.

Educating and Fostering Empathy

A blog post by Jensen (2016), former high school librarian and current English professor, details her personal experience with OCD. As a teenager she lived in fear, avoiding even minimal contact with people from which, "I might contract…yup, AIDS" (Jensen, 2016, #MHYAL: OCD Tales). Going undiagnosed as a teenager, she never understood what was wrong with her. Until one day, as an adult, she picked up *Kissing Doorknobs* by Terry Spencer. The popular book review website Book Riot calls this novel a "classic in the mental health community" (Winder, 2019, 12 YA Books About Obsessive- Compulsive Disorder). Published in 1998, it was a pioneering piece of OCD fiction. It earned this reputation by being one of the first YA or middle grade novels to accurately depict the diagnosis and treatment of OCD. Since reading *Kissing Doorknobs*, Jensen was inspired to read more OCD narratives. Over the last decade, between 2010-2020, many more of these narratives were published. They are the narratives Jensen never had growing up. In her work as an English Professor, she advocates for the study of YA literature with mental illness representation. In another article, titled "Mirrors, Windows, and Sliding Glass Doors," Bishop (1990) explains the importance of promoting diversity in children's literature. Mirrors allow readers to see themselves reflected by reading experiences similar to their own (Bishop 1990). Windows/sliding glass doors allow them to step into someone else's shoes (Bishop 1990). I believe Bishop would say Jensen's reading provided her with a mirror. By pointing out the value of OCD

narratives, she emphasizes Bishop's point that, just like race, disability status is a social issue that opens windows and sliding doors glass doors to young readers.

There are a handful of recent studies (Bulanda, Bruhn, Byro-Johnson & Zentmyer, 2014; Olan & Richmond 2020; Richmond, 2014) that explore the benefits of integrating YA literature featuring characters with mental illness into classroom curricula. Bulanda, Bruhn, Byro-Johnson and Zentmyer (2014) discovered that stigma was one of the most common barriers among people seeking treatment for a mental illness. In an attempt to combat mental health stigma among students, their study took the form of a youth-led approach. The first piece to this project was the S.P.E.A.K. program, which stands for "Share, Peace, Equality, Awareness, and Knowledge" (Bulanda, Bruhn, Byro-Johnson & Zentmyer, 2014, 75) The second piece was the Say it Out Loud (SIOL) campaign. The goals of these programs were to spread awareness of mental disorders and to encourage better "help-seeking behaviors," while lowering social stigma. Their convenience sample of students (aged 11-13) attended a school program that serves at risk students. Prior to the presentation the participants took a pre-survey. Then they watched a PowerPoint presentation, participated in a Q&A, and watched a PSA video. Then they took a post-survey at a later date. The researchers concluded that this brief presentation not only increased the middle school students' awareness of mental health information, but positively influenced their attitudes towards. This study reemphasizes Bishop's point that diversity is a social issue that needs more attention (Bishop 1990).

A similar form of mental health education was suggested by Olan and Richmond (2020). Using *Turtles All the Way Down*, the authors explained how YA novels with mental illness can be incorporated in classroom activities. These novels have the power to

confront biases against OCD and give students a plethora of "strategies to combat stigma" (Olan & Richmond, 2020, 46). But what makes their approach unique is the combination of creative and academic mediums. They suggest writing exercises, as well as musical expressions. Combining educational and creative mediums allows every student to express themselves as they see fit; therefore, forging richer connections between their own opinions and the text itself. These novels encourage young people to question their current knowledge of OCD, while purging them of stigma. YA novels in the classroom open windows and sliding glass doors into dynamic adolescent experiences, from one peer to next (Bishop 1990).

In his article, Richmond (2014) elaborates on how YA novels inspire empathy. As an English instructor who has taught countless young adults struggling with mental illness, he writes from experience. English teachers usually teach canonical works of literature, rather than modern YA literature. Some of these works contain themes of mental illness. For example, the image of depression in Shakespeare's *Hamlet* paints a negative picture of people living with depression (Richmond, 2014). YA realistic fiction novels that address modern day mental health concerns are great alternatives to classic texts like *Hamlet*. Richmond's article provides a list of activities to support teachers. These activities help students feel more comfortable while discussing their thoughts and feelings about mental illness with adults (Richmond, 2014). Both Olan and Richmond encourage teachers to include YA literature with characteristics of mental illness in their classroom curriculums.

OCD is a serious mental disorder recognized by the American Psychiatric Association. But according to the literature, "Too often, people use the term OCD as a

catch-all for someone who is attentive to detail" (Richmond, 2014, 20). How a teen with OCD is represented in fiction has the power to influence personal perspectives and social stigmas. My content analysis continues build on the studies surrounding OCD representation in YA realistic fiction published over the last 10 years. It is one of only a few YA studies focused on OCD. It also adds to the ongoing conversation of mental illness themes and characteristics in YA literature.

Research Questions

The purpose of this qualitative content analysis is to explore the representation of OCD in young adult (YA) realistic fiction to better understand adolescent and young adult experiences with mental illness. This seeks to answer the following questions:

- How are characters with Obsessive-Compulsive Disorder (OCD) represented in young adult realistic fiction?
- How accurately does this representation educate YA readers about OCD?

For the purposes of this study, I define "obsessive-compulsive disorder" as, *A mental illness consisting of repetitive obsessions (thoughts) and compulsions (behaviors)*. "Young adult realistic fiction" is defined as, *fictional narratives written for 12-18-year olds, yet enjoyed by both teen and adult readers. These narratives are set in the real world and address contemporary concerns that appeal to young readers.*

Methodology

For this research study I conducted a qualitative content analysis of YA realistic fiction novels featuring a protagonist with OCD. Because of its flexibility, a qualitative content analysis method was chosen for this study (Flick, 2014). This flexibility allowed for both data-driven and concept-driven categories in the coding frame.

Qualitative Content Analysis

The method of this LIS research study is qualitative content analysis. For my data collection I gathered existing information about OCD from the *DSM-5*, a pilot study novel, and previous research studies. This information was used to create a coding frame.

The latest *DSM*, published in 2013, includes a detailed section for each diagnosable mental illness. The *DSM-5* is a well-trusted resource used by mental health professionals to converse with their patients about mental disorders (American Psychiatric Association).

I started my research process by creating an initial coding frame. The coding frame was first created using the diagnostic criteria outlined in the *DSM*. Much of the terminology in coding frame is directly quoted from the *DSM*. Next, I modified the initial coding frame using a pilot study. The novel chosen for the pilot study was *Turtles All The Way Down* by John Green. This novel was mentioned as an essential OCD narrative in many of the studies cited in my literature review.

Beginning with a pilot study allowed me to supplement the coding frame with existing data. The pilot study also allowed for a modification of the coding frame. The initial frame was pared down by the pairing of many similar OCD symptoms and characteristics exhibited by Asa in Green's novel.

While finalizing the coding frame, I used purposive sampling to choose my sample of six YA novels. Each book was read and thoroughly coded over a two-month period. To ensure the conformability of my study, the raw data for each book was collected as I read the novel. The data was periodically recorded in an Excel spreadsheet containing the coding frame, with space for notes and quotes under each subcategory. The data from each book is housed in its own spreadsheet.

Sample

The sample for this study includes six YA realistic fiction novels, featuring a protagonist with OCD.

The sample frame consisted of the following criteria: realistic or contemporary fiction young adult (YA) novels, published within the last 10 years (2010-2020), and featuring a protagonist with OCD (according to the synopsis, online book reviews, or from the character themselves). As long as the synopsis for the book mentioned an OCD diagnosis, a book review alluded to it, or the character refers to himself or herself as having OCD, the novel was included in the initial list of potential books. A comprehensive list of these novels was carefully curated and selected using purposive sampling.

A benefit to purposive sampling is the ability to hand select a diverse sample. To select my final sample, I kept dependability in mind by scoping out multiple websites,

catalogs, and booklists. While the main criteria for selection was a protagonist with OCD, I also considered other forms of diversity. These categories included age, gender, sexuality, race, publication year, and whether the protagonist had more than one mental illness. It was impossible to select a random sample from the entire population, since there is no comprehensive list. I relied on premade lists, synopsis', and book reviews to gather my sample.

The sample includes: *A Scary Scene from a Scary Movie* by Matt Blackstone (2011), *Waiting for Fitz* by Spencer Hyde (2019), *History is All You Left Me* by Adam Silvera (2017), *Lexapros and Cons* by Aaron Karo (2012), *Six Goodbyes We Never Said* by Candace Ganger (2020), and *OCD, the Dude, and Me* by Lauren Roedy Vaughn (2013).

The Coding Frame

The first category in the coding frame is diagnostic criteria, with subcategories for obsessions and compulsions. These subcategories are divided into more detailed subcategories to represent a broad range of symptoms. The second category is medical treatment, with subcategories for medication and therapy.

OCD, like many mental illnesses, manifests itself in a multitude of ways. For the sake of this qualitative content analysis, many similar symptoms of OCD were paired together in the coding frame. For purposes of transferability, a blank copy of the coding frame and list of sample books can be found in the appendix.

Data Analysis

The coded data from each novel is covered in its own section, followed by an overall discussion section. The findings and analysis section for each novel begins with a

brief synopsis of the novel. It then includes an explanation of what it was like to read and code it.

The next thing analyzed is how the diagnostic criteria fit within all the the coding frame. Were the compulsions written as "behaviors or mental acts not connected in a realistic way with what they are designed to prevent, or are clearly excessive" (APA, 2013, 5)? This is also the point where any other mental illness(es) the character appears to have are discussed.

I then analyzed whether the obsessions were paired with or followed by compulsions. These may not always match up perfectly with the most common symptom dimensions within the *DSM-5*. Another way to look at this is to note how many obsessions and or compulsions a protagonist exhibits.

Lastly, I examined each character's medical treatment. Was a character's OCD formally diagnosed by a mental health professional (psychiatrist, therapist, doctor)? If they received treatment, I recorded it.

Common Symptom Dimensions:

1. Cleaning (contamination obsessions and cleaning compulsions)
2. Symmetry (symmetry obsessions and repeating, ordering, and counting compulsions)
3. Forbidden or taboo thoughts (aggressive, sexual, and religious obsessions and related compulsions)
4. Harm (fears of harm to oneself or others and related checking compulsions) (APA, 2013, 2)

Findings and Analysis

A Scary Scene in a Scary Movie

The first book in the sample is *A Scary Scene in a Scary Movie*. It was written by Matt Blackstone and published in 2011. In the synopsis a freshman named Rene is described as an "obsessive-compulsive fourteen year-old."

Rene is a bit of loner, who sports a batman cape. He holds his English teacher Mr. Head in high regard. At school he sets his sights on the new kid, Giovanni. Gio is the cool "superhero" kind of guy that Rene strives to be. Rene also has a crush on a girl named Ariel. A majority of the story deals with Rene's personal struggle with OCD. One night he sneaks into the school. This rebellious event triggers his OCD, causing a panic attack.

As the story progresses, we learn that Rene's parents are divorced. His father was verbally abusive, which is revealed in a series of flashbacks. When his father, Phil, moves back home Rene runs away. With his new friend Gio they take a bus to New York City. On the bus, Ariel joins them. The three of them explore the city together. Rene's OCD is the least active during this time. But it does not take long before the boys end up on the streets and, out of money, with nowhere to go.

Rene and Gio eventually cave and call Rene's mother. She admits that she made a terrible mistake by inviting Phil back into their lives. Once his father leaves, Rene starts to think he may be a superhero after all. He takes an interest in journaling. Writing helps him become comfortable in his own skin. "All I know is that I don't *need* to be perfectly normal. I don't even *want* to be perfect. *Or* normal. I just want to be able to walk and talk and sleep in my own skin, as long as it's warm. Recently, it has been" (Blackstone, 2011, 245).

Rene's obsessions and compulsions are paired together throughout the text, especially during his most anxiety inducing moments. An example of this is the chapter where Rene and Gio are stranded on the streets of NYC, "My Batman watch says that it is now 11:56, which would normally be bad luck because 1 + 1 + 5 + 6 = 13, but bad luck doesn't matter anymore. This is real. I have lice. My brain is in two pieces…" (Blackstone, 2011, 222). The counting compulsions and contamination-related obsessions cause Rene's anxiety to spike during this stressful situation.

It is also worth noting how Rene's counter thoughts were sometimes written in italics, "*I don't have lice*. Yes, you do. They're so big and disgusting that Ariel will see and smell them on the beach. *That's not true…"* (Blackstone, 2011, 205). This text shows a teen at war with his thoughts. The reader is thrown into the fray, as Rene plays a mental game of tug of war.

In his novel, Blackstone created a character that displays a range of common OCD diagnostic criteria. The protagonist experiences multiple types of obsessions and compulsions. Rene exhibits contamination obsessions. These take the form of bad smells in school, lice on his head, and thinking a nursing home is dirty. "But like mixing

medicine with applesauce, all fruity female sprays are forever ruined because they've been contaminated with school" (Blackstone, 2011, 41). He then has cleaning compulsions. These take the form of hand washing and smelling his left hand. "I use soap instead of hand sanitizer because I heard that hand sanitizer gets you high and kills brain cells…I use soap. Lots of it" (Blackstone, 2011, 8).

Rene also has harm-related obsessions. He feels he must keep the people around him from dying of AIDS or having heart attacks. He has obsessions with luck as well, avoiding the number 13 or other unlucky things. When describing his OCD, Blackstone uses the phrases "doomsday" and being trapped in "a scary scene in a scary movie." Trapped in the school one night, he begins to panic. "The other doors don't budge. I take three deep breaths like Ms. Adelman taught me, and *then* think. I think this is doomsday" (Blackstone, 2011, 49). These obsessions are sometimes paired with symmetry compulsions, counting various things, using his left pinkie to tap his locker, and cutting faces in napkins or tissues. They are followed by the aforementioned cleaning compulsions as well. In addition, Rene dons his Batman cape during harm-related obsessions.

There are many instances throughout the novel where obsessions are followed by compulsions. When Rene sneaks into the school, his obsessions are about how dirty the school seems, "I feel dirty. I feel frightened. Those stupid butterflies in my stomach aren't flying anymore. They're dying" (Blackstone, 2011, 47). In order to subdue these obsessions Rene wears a Batman cape, smells his hands, and counts. One could argue that Rene's counting compulsions, used to avoid the number 13, might also be checking compulsions.

A few of Rene's obsession and compulsion pairings did not follow the common symptom dimensions in the *DSM-5*. For example, all of his compulsions are intended to prevent harm and contamination. These compulsions take the form of repeating, ordering, counting, and cleaning. "If I do any one of these things wrong or even slightly out of order, I might break my neck or my arm or hopefully just my ankle; Phil might reappear; a terrorist might blow up my house…" (Blackstone, 2011, 9). Rene avoids anything deemed unlucky. But checking compulsions are not always paired with his harm obsessions, except the few times when he checks his Batman clock.

At his English teacher's insistence, Rene visits the school psychiatrist. Her name is Ms. Adelman. He is pulled out of class to meet with her multiple times. She never formally diagnoses him with OCD. Their early sessions are rife with distrust. But after a little questioning he opens up about his verbally-abusive father. Ms. Adelman teaches Rene to use breathing exercises in his daily life, to help him think more clearly. By the end of the novel Rene discovers journal writing, which he shares with Ms. Adelman as a form of therapy. In the last chapter Rene is at his most vulnerable. He shares his medication-related nightmares with Ms. Adelman. Rene briefly mentions an unnamed doctor who gave him pills for his OCD. Medication is only mentioned once.

Throughout most of the book Rene is at war with his OCD even though he tells the school psychiatrist, "Nothing is wrong with me. I'm cured" (Blackstone, 2011, 24). His father's abusive comments only fuel Rene's OCD, causing him to run away from home. But by the end of the novel, Rene's confidence begins to shine through. He faces extreme lows and is left to pick up the pieces. With a fresh perspective on life, he

acknowledges his OCD and prepares to take his mental health into his own hands. He is ready to be the hero of his own story.

Waiting for Fitz

The second book in the sample is *Waiting for Fitz*. It was written by Spencer Hyde and published in 2019. In the synopsis, Addie's OCD leads her to an adolescent psychiatric ward where she falls for a boy with schizophrenia.

Addie is a seventeen-year-old girl who hides her OCD behind a comedic mask. Her first psychologist Dr. Wall, recommends the Adolescent Psychiatric Ward at the Seattle Regional Hospital. The novel follows Addie as she adjusts to her new environment of strict routines, medications, and new faces.

In her first group talk she meets Fitz. They bond over one another's clever sense of humor. As they get to know each other, Addie has feelings for him. These feelings blind her judgment. She helps him break out of the ward. Once they escape, Addie learns more about Fitz's complicated past. He blames himself, especially his schizophrenia, for his brother's accidental death.

Things take a turn for the worse when they visit his mother's apartment. Without his medication, Fitz panics and violently smashes everything in sight. Addie finds him attempting to dig up his brother's grave. With her doctor's support, Addie then becomes an outpatient. After some time apart Addie visits Fitz. The novel concludes as they confess their love for each other, "We're the characters who are not just compatible because of wit, but condemned to compatibility because of it" (Hyde, 2019, 236).

Waiting for Fitz is the only novel in this content analysis where a protagonist stays in a psychiatric ward. Addie's inpatient status means she receives around the clock

treatment and monitoring of her OCD. She meets other teens with mental health struggles of their own. Addie's journey is heavily influenced by the other patients. Fitz's battle with schizophrenia becomes entwined with Addie's battle with OCD.

It is difficult to write about Addie's symptoms and treatment separately. From the moment she enters the adolescent psychiatric ward, her life changes. She has harm-related obsessions. She fears for the safety of her loved ones, performing cleaning compulsions to ward off death, cancer, or other forms of tragedy. Addie follows strict cleaning rituals. She explains, "…I'd started showering about four times a day and washing my hands over a hundred times a day because my mind was telling me the people I loved would die if I didn't" (Hyde, 2019, 1). These cleaning rituals as she calls them are persistent and time consuming.

Addie also has a minor obsession with hearts. "Some nights, at home, I would stay awake and read about hearts to try to distract myself from counting the beats…" (Hyde, 2019, 24). Thinking about hearts compels Addie to count her heartbeats, tap to the beat, blink, or clear her throat. Her harm-related obsessions are also paired with various repeating and counting compulsions.

Lastly, Addie has an obsession with an AP English question to which she claims, "I don't know, when I run into something that I can't answer, I get super frustrated and my ticks and rituals kind of take off into some other realm of annoying and I obsess over it until I find the right answer" (Hyde, 2019, 72). This obsession spurs various compulsion combinations, from cleaning to symmetry compulsions.

Even though these obsessions are paired with compulsions, they do not always follow the common symptom dimensions in the *DSM-5*. For example, "Some nights, at

home, I would stay awake and read about hearts to try to distract myself from counting the beats…" (Hyde, 2019, 24). Addie, later on, looks at her watch and spends an hour counting heartbeats. Some obsessions are a bit vaguer, such as her harm obsessions. Her most anxiety-inducing compulsions were described in more detail. Sometimes the word "obsession" was paired with a compulsion to describe how Addie was, in her own words, "falling down the rabbit hole" (Hyde, 201, 89 – 90). It is unclear whether Addie experiences contamination obsessions. Her cleaning compulsions are paired with harm-related obsessions. Addie's harm obsessions are also paired with repeating and counting compulsions, rather than the checking compulsions.

A majority of Addie's obsessions and compulsions are caused by anxiety. Most of her anxiety stems from her relationship with Fitz. When they run away together, her treatment is put on hold. After a short stay in the ward, Addie's OCD became more manageable. It is not until Fitz turns violent that her OCD comes flooding back. She regains a sense of control once it's over, starting where she left off, "Would I be eager to test myself, to grow and discover and learn? Possibly, but I knew it wouldn't be in the same way. It couldn't be. It wasn't possible." (Hyde, 2019, 203).

Prior to the psychiatric ward, she visited Dr. Wall. He prescribed her first OCD medication, slightly lessening her obsessions, but making her so tired that she stopped taking them. At the Seattle Regional Hospital Addie receives around the clock care from nurses and doctors. At first, she guards her heart against therapy. As she gets to know her fellow patients she opens up, though more with Fitz than Dr. Riddle.

Addie is given standard OCD treatment. She participates in a variety of therapeutic activities, including group talk, cognitive behavioral therapy (CBT), and one-

on-one sessions with her doctor. He documents her progress during these sessions. Early on, Dr. Riddle describes her OCD as "high-functioning" for such constant obsessive thoughts. He prescribes her an unnamed medication. It causes minor nausea, hunger, and weight gain. But the medication remains effective, even when she cuts her regular dose in half. During their great escape Addie experiences only a few obsessions and compulsions in response to Fitz's outburst.

Dr. Ramirez teaches her about CBT. Exposing herself to uncomfortable situations, in relation to her OCD, is a major piece of Addie's treatment. For example,

> "I'd been trying this thing where, after I felt a compulsion, I wouldn't blink or go to the bathroom to wash my hands until I'd waited ten seconds, then thirty, then one minute, then two, then five, then ten. I got up to fifteen minutes, and eventually I'd forget that I was supposed to wash my hands" (Hyde, 2019, 110).

Addie made a swift recovery during her time in the psychiatric ward. Her case of OCD is described as extreme at the beginning of the novel. Her strict cleaning rituals are intended to protect her loved ones from harm. Addie's attitude shifts from hiding her OCD to taking a proactive stance in her treatment. She challenges herself, pushing through her urges to visit the bathroom to combat her cleaning compulsions. Since she was able to cope outside the hospital, unlike Fitz, perhaps Dr. Riddle felt she was ready to leave the ward. In conclusion, Addie continues her treatment at home.

History is All you Left Me

History is All you Left Me is the third book in the sample, published in 2017. Adam Silvera is a popular YA author. This novel features the only protagonist from the LGBT community. Griffin's "obsessive compulsions" are put to the test after the tragic death of his best friend/ex-boyfriend.

Griffin has a disorder characterized by delusions. The chapters alternate, jumping from the past to the present. In an attempt to convey his side of the story, he speaks to Theo as if he were still alive. Griffin and Theo's rocky past gradually reveals itself. The past begins with their friendship turned romantic relationship. It then touches on their burdensome breakup, while revealing the details of Theo's death. As Griffin reflects on the past, he comes to terms with Theo's death and his mental health. The two timelines converge. When this happens we learn how Theo drowned, off the coast of California. When this tragedy occurred Theo was with his new boyfriend Jackson.

Past Griffin had a brief fling with mutual friend Wade when Theo left for California. Meanwhile, present day Griffin grieves with Jackson, who seems to be the only person who understands how he feels. He even runs away to California in search of closure. By the end of the novel, Griffin has worked through his heartache and grief, and prepares to leave his history in the past.

The protagonist's compulsions are often used to combat anxiety. The protagonist lost his best friend not once but twice. Griffin's obsessions are typically alluded to, rather than spelled out. Within the text, his OCD mainly take the form of compulsions. Compared to the other novels in this study, his OCD is one of the least intrusive. His delusional disorder dominates his thought process. There are dozens of pages in between his compulsions. His compulsions are most prominent in the present, and typically brief, such as, "…according to my phone, I only have nine minutes, an odd number that's getting me really anxious, so I scratch my palm while running again" (Silvera, 2017, 7). This compulsion is Griffin's way of lessening his anxiety over his obsession with even

numbers. Sometimes Griffin gets a little violent. But since he was able to carry out his compulsions a majority of the time, these violent outbursts were few and far between.

In *History is All you Left Me* Griffin has symmetry obsessions. He prefers even numbers, with the exception of one and seven. When he flies from New York to California he wishes he could gain four hours instead of three. But his obsessions with even numbers are sparse in detail, often overshadowed by his compulsions. Griffin has more counting and ordering compulsions than symmetry-related obsessions to match. These compulsions include counting to even numbers, sitting or walking on a person's left side, and completing even numbered tasks. Another common compulsion is palm scratching.

The text hints at Griffin having harm related obsessions. When Wade confronts him about his compulsions, he thinks to himself:

> "...I feel like I have to, otherwise the universe will close in on itself or something bad will happen to someone I love. I've tried making logic out of this, like how I only slept with two of the guys - Wade and Jackson - out of need, and not out of love" (Silvera, 2017, 273).

But this is the only instance where a possible fear of harm appears in the novel. As a result, no compulsions are associated with it.

Theo's death not only triggers Griffin's OCD diagnosis, but also causes him to develop a delusional disorder. It is evident that OCD is not the only mental illness affecting his mental health. Although this delusional disorder influences Griffin's OCD, it is not diagnosed until the end of the novel. Discerning Griffin's OCD from his delusional disorder can be problematic, as the aforementioned example entails. During the holidays with his family, Griffin sticks up for Theo. He says, "'I've known him for

seven years,' I answer through my teeth, scratching the hell out of my free palm because I'm so nervous about the person he's dragging out of me" (Silvera, 2017, 74). A majority of Griffin's symptoms are compulsions fueled by his delusional disorder, rather than compulsions fueled by obsessions.

Whether Griffin has symmetry obsessions is unclear. A majority of his symptoms consist of ordering and counting compulsions, as well as scratching his palms and pulling his ear lobe. There is also the previously mentioned harm obsession to contend with. His delusional disorder tends to overshadow his OCD. *History is All you Left Me* does not follow any of the common symptom dimensions listed in the *DSM-5*.

Seeking treatment for his OCD is not Griffin's priority. The more time he spends with Jackson, the worse his compulsions become. Wade and his mother eventually confront him. Griffin's mother wants him to see psychiatrist half way through the book. At first, he resists therapy. His parents are concerned not only about his compulsions, but the way Theo's death has affected his overall mental health. When Wade approaches him about his compulsions, he says, "Your thing...it's not healthy… It's limiting your life" (Silvera, 2017, 273). Griffin recognizes the issue at hand, but struggles to confront it, "I try to believe it, but I can't. My compulsions threaten my health, physically and mentally" (Silvera, 2017, 273).

During his first therapy session with Dr. Anderson, Griffin tries to open up about his mental health. He desperately needs someone to talk to. But unfortunately, his anxiety gets in the way, causing him to scratch his palm and pull at his earlobe. After one session, he avoids seeking treatment until the final chapter. Griffin visits a psychiatrist named Dr. Fergesen in the last chapter. The doctor teaches him CBT and prescribes medication to

treat both his mental health disorders. “My psychiatrist is treating me with exposure therapy for my OCD, and medicine because she's diagnosed me with a delusional disorder” (Silvera, 2017, 291). This delusional disorder does not come as a surprise to Griffin, even though it went undiagnosed for all this time.

History is All You Left Me features a protagonist whose OCD diagnosis primarily takes the form of compulsions, which makes for a questionable diagnosis. It is hard to say whether his obsessions were intentionally alluded to by the author or nonexistent, in lieu of his delusional disorder. After a long-fought battle over his mental health, the novel concludes with a fresh perspective, from the eyes of a boy prepared to take a proactive stance in his treatment going forward.

Lexapros and Cons

The fourth book in the sample is *Lexapros and Cons* by Aaron Karo. Published in 2012, this novel features seventeen-year-old Chuck Taylor, who struggles with OCD during senior year of high school.

The story revolves around Chuck’s relationships with his family, friends, and the new girl in school. He wears different color converse shoes depending on his mood. Many of the chapters outline conversations between Chuck and his doctor. His parents play a major role in life, expressing their concern over his mental health throughout the book.

At school Chuck has looked forward to the senior trip since freshman year. But when he learns it’s a camping trip, he tells his best friend Steve he does not want to go. Steve is bullied by a boy named Parker. Parker is taking Chuck’s sister Beth to prom. The

problem is, Steve also likes Beth. The friends get into a fight when Steve discovers Chuck lied to him about putting a good word in for him with Beth.

Chuck develops a crush on the new girl Amy. When she asks him to tutor her in math, he gladly obliges. They become good friends. But when Amy brings her dog over to Chuck's house, his OCD spirals out of control. The dog triggers his contamination obsessions. Chuck decides to hide it from Amy, causing a rift in their friendship.

The story reaches its resolution when Chuck decides to go on the camping trip, "My name is Chuck. I'm seventeen years old. And OCD be damned, I'm going camping" (Karo, 2012, 192). He stands up against Parker in front of the entire class. After fighting the bully, he takes off into the woods. The woods trigger his contamination obsessions. A few minutes later, Amy's dog appears. When Chuck returns to the campsite his friendships are finally restored.

Lexapro's and Cons contains the most detailed OCD treatment of any sample novel from this study. The therapy sessions are filled with explanations about OCD and how CBT can help teens like Chuck, "break the cycles and retain your brain, so to speak," therefore weakening compulsions (Karo, 2012, 47). Coding this book brought to light the many ups and downs of Chuck's treatment.

A majority of Chuck's obsessions match his compulsions and equally influence one another. The protagonist in *Lexapro's and Cons* exhibits a wide range of obsessions and compulsions. The first of these are contamination obsessions. Chuck experiences contamination obsessions while out in nature and in a restroom at school. They are also linked to the idea of touching food, public mailboxes, elevator buttons, money, and animals. In response to these obsessions, he experiences cleaning compulsions. These

cleaning compulsions include hand washing, using hand sanitizer, and avoiding direct contact with his obsessions, such as dog hair, elevator buttons, and food.

Harm obsessions are another prominent dimension of Chuck's OCD, "If I don't check the burner thingies (on the stove), I'm convinced the house is gonna burn down with me, my sister, and my parents inside" (Karo, 2012, 4). To save his family from a potential house fire he must continuously check that the stovetop burners are off. Other compulsions take the form of knocking on wood for good luck and counting the amount of times he spins the lock on his locker.

He also shows signs of two other compulsions, without any notable obsessions. One of these is to urinate multiple times before going to bed. The rules of this bathroom ritual are strictly applied, but they are not done to prevent a situation or lessen anxiety. Another example of this compulsion deals with Chuck's shoe collection. Each color Converse matches a different emotion. Chuck chooses which color to wear depending on how he feels that day. I did include "shoe color = mood" in the coding frame under the subcategory "compulsion rules are strictly applied." But it could be a quirk, just as much as a compulsion.

Chuck shows signs of forbidden or taboo thoughts as well. These obsessions are not spelled out in writing. He appears to carry out a sexual compulsion that is typically paired with these types of obsessions, according to the *DSM-5*. He keeps a tally sheet of how many times he masturbates. There is also evidence to suggest that this is a counting compulsion. Chuck candidly admits, "I loved symmetry. Symmetry makes my brain feel nice," in relation to his tally sheet (Karo, 2012, 7). Perhaps Karo is alluding to the fact that Chuck has symmetry obsessions.

But even with these questionable symptoms, *Lexapros and Cons* presents young adult audiences with a range of textbook obsessions and compulsions that follow the most common symptom dimensions outlined in the *DSM-5*. Contamination obsessions and cleaning compulsions:

> "OCD thoughts swarm my brain: people holding the key, touching the bathroom door, going to the bathroom, touching the toilet handle, touching the bathroom sink, urine and s*** and grossness everywhere. I hesitate … I take a piss, displaying almost acrobatic abilities to touch everything in the bathroom with my feet and elbows. I wrap the key in paper towels and stick it back in my side. Then I scrub my hands clean." (Karo, 2012, 173).

There were slightly fewer instances of obsessions than compulsions within the text, but in-depth connections, like the one above, made up for this.

Chuck starts therapy early in the book. Many chapters are dedicated to his conversations with Dr. Srinivasan. The doctor Diagnoses Chuck with a "textbook" case of OCD. The doctor's main objective is to get Chuck to want to get better for himself first and foremost, and not just for the people he loves. The doctor explains, "But you have to want to get better for you," to which Chuck thinks, "But who are we kidding? It's all about Amy" (Karo, 2012, 133).

The doctor encourages Chuck to practice CBT. Chuck challenges himself with CBT by facing his obsessions head on, both at home and at school. For example, he attempts to limit his locker spins at school. This is a success, whereas, when he attempts CBT during lunch one day after touching some food, he ends up reaching for the hand sanitizer. He does quit CBT for a brief period, after the incident with Amy's dog. But he picks it up again after telling his therapist about Amy, gaining a second wave of determination. Along with CBT, the term habituation is introduced by Chuck's doctor, "If you expose yourself to one of your triggers, and refrain from preforming your

compulsion, that will help you habituate - or get used to - and reduce your anxiety" (Karo, 2012, 84).

In addition to CBT, his doctor prescribes him a common OCD medication called Lexapro. At first Chuck rejects it. A few chapters after starting CBT, he begins taking it. The Lexapro makes him feel sluggish at first, until it takes effect. It clarifies his train of thought. It makes CBT a little easier. When Amy and Steve give him the silent treatment, Chuck stops practicing CBT and taking the Lexapro. His symptoms return. After his many ups and downs, in the end, Chuck decides to take the Lexapro, "This will not be fast and easy" (Karo, 2012, 131). The story is left open ended, as Chuck works on putting his mental health and himself first.

Six Goodbyes We Never Said

Six Goodbyes We Never Said is the fifth book in the sample. This multiple viewpoint novel was written by Candace Granger and published in 2020. The protagonist's mother died giving birth. And her father recently passed, while serving in the US Military. Dew GD Brickman also knows what it feels like to lose both parents. His parents died in a car accident. The synopsis describes Naima Rodriguez as having OCD and Generalized Anxiety Disorder (GAD).

This story alternates back and forth between Dew and Naima. Each of Naima's sections ends with an email from her father. Her replies are typed but never sent. After her father's passing, Naima's stepmother Nell takes her to stay with her grandparents in Ivy Springs, Indiana. Her Grandparents, JJ and Kam, worry about Naima as her mental health continues to decline. Meanwhile, Dew adjusts to his new life with his adoptive family. Since this study is about representation of OCD in YA literature, the data

collected on this novel focuses on Naima. But it is impossible to discuss her without discussing Dew.

At first sight, Dew is attracted to Naima. But she doesn't feel the same way. They end up being good friends. Dew plays a pivotal role in Naima's life, helping her to forgive herself and move forward. The quote "Sometimes the only way to hold on is to let go…" is printed on the dust jacket (Granger 2020). Naima's narrative is spent in self-reflection, grieving, and ultimately learning how to say goodbye.

Before looking at Naima's OCD symptoms, it is important to note that this was the only novel from the sample containing a protagonist, described in the synopsis, as having more than one mental illness. According to the *DSM-5*,

> "Generalized anxiety disorder involves persistent and excessive worry that interferes with daily activities. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping. Often the worries focus on everyday things such as job responsibilities, family health or minor matters such as chores, car repairs, or appointments" (American Psychiatric Association).

A GAD diagnosis consists of realistic thoughts and worries. Whereas, an OCD diagnosis consists of obsessions and compulsions, not "connected in a realistic way" with what a person is trying to subdue or avoid (American Psychiatric Association). Coding the OCD symptoms for a character with more than one mental illness can be a challenge. Her father's constant absences,

> "Triggered her generalized anxiety disorder (GAD), which triggered her obsessive-compulsive disorder (OCD), which also re-triggered another anxiety disorder, all resulting in massive dips of depression that would, at some point, come back up, only to dip way back down" (Granger, 2020, 42).

The symptoms of these mental disorders are deeply entwined throughout the text. Therefore, for clarification purposes, only Naima's OCD symptoms were coded. If something was questionable as to whether it was an OCD obsession or a GAD worry, it was still included in the coding frame.

Naima exhibits contamination obsessions. She thinks there could be dangerous microbes on a wooden spoon. She is skeptical about where things have been, refusing a glass of water from a friendly stranger after a panic attack. She will not drink after other people. When Dew decides to bake her a strawberry cake for her birthday, she fears it could be laced with anthrax. She has obsessive thoughts about the germs and bacteria on her own fingers. Naima's contamination obsessions are never followed by a cleaning compulsion, except when she kisses Dew. After the kiss she swiftly brushes her teeth six times to kill all the germs. There is one questionable compulsion that pertains to contamination. In her bedroom back home, her windowsill was full of dead flies, which she chooses to leave rather than clean up.

Symmetry-related compulsions are her most common symptom. Naima has a variety of repeating, counting, and ordering compulsions. Many of these involve the number six. Her repeating compulsions include repeating words and phrases six times, tapping her nose, clicking her tongue, and tapping her foot six times. For counting compulsions she counts seconds, six red balloons on her birthday (from her father), and the hexagons on her quilt. She often counts to six in her head to reduce anxiety. For ordering compulsions, she pinches her toes between passing objects and sorts the marshmallows from boxes of Lucky Charms cereal.

There were no apparent obsessions paired with the aforementioned symmetry compulsions. Although, the text suggests that Naima has an obsession with the number six. Her father sent six red balloons on her birthday each year, no matter where he was deployed. Naima believes she has six goodbyes left to give, “Some wishes would make it to their owner's hands, while others - the goodbyes we never said - would be lost in transit. I have six” (Granger, 2020, 233). It is unclear whether this is an OCD obsession or a symptom of her GAD. In relation to this symmetry obsession, Naima might have harm obsessions. She asks hypothetical “what if” questions, is afraid of dying in a car accident, and blames herself for the death of her mother and father. But there are no checking compulsions, which more than likely means these symptoms pertain to her GAD diagnosis.

The text contains fewer obsessions than compulsions. Ordering, repeating, and counting compulsions dominate the coding frame. For the subcategory compulsions are not “connected in a realistic way” with what they are trying to subdue or avoid this book received a yes and no. Naima’s cleaning obsessions fit this criteria. She avoids Dew’s strawberry cake because she worries it will give her anthrax. On the other hand, the anxiety from her GAD, often and subsequently, led to compulsions. For example, in an email to her father Naima writes, “If you want to count the time, start with now. It's all we're guaranteed. Now. Now. Now. Now. Now. Now” (Granger, 2020, 93). This is one of many similar repeating compulsions. These compulsions were linked to anxiety and distress over her father’s passing, rather than an intrusive obsession.

Six Goodbyes We Never Said is the only novel from this study without a scene involving a mental health professional. In a section titled “A Summary of Naima’s

Medical History," we learn that she uses humor as a coping mechanism. Her first therapist Dr. Rose diagnosed her with OCD, GAD, and depression. Later on, she visits a new therapist named Dr. Tao. However, Naima began to close herself off to treatment, tired of reliving her pain, choosing to bottle it up instead of speaking with a therapist.

Medication is a touchy subject for her. She becomes agitated whenever someone mentions her medication. Nell reminds her to take her medication before leaving the house. Then later her grandfather Kam reminds her to take her medication and to practice her breathing exercises. But the text never shows Naima thinking about or taking her medication.

The story is left open ended, as Naima decides to make her mental health more of a priority. Her treatment has only just begun, "I'll discover new therapies and medications - ones that work for me - because I accept I can't live this particular way anymore. I'm ready to let go. *I think"* (Granger, 2020, 304). After a long walk with grief, she is ready to say goodbye to the past, setting herself free from blame.

OCD, The Dude, and Me

OCD, The Dude, and Me is the last book in the sample. It was written by Lauren Roedy Vaughn and published in 2013. According to the title, seventeen-year-old senior Danielle has OCD. This novel is told through essays, journals, emails, and various other written communications.

Danielle is the adopted daughter of supportive parents, Doug and Evelyn. Organization comes naturally to her. She documents every aspect of her life in her secret "me-moir" binder. At the beginning of the novel she views herself as a social outcast. She

has a crush on a boy in her class named Jacob. But Jacob has a girlfriend. After visiting Marv, the school psychologist, she attends a social skills class. In this class she meets Daniel. He sends her an email and they become good friends and go to prom together.

A majority of the story is told through Danielle's English essays. Some of these she turns in to Ms. Harrison; some she writes for herself. On a school trip to England Danielle breaks out of her shell. But her newfound confidence is tested during a school car wash when a very drunk Jacob moos in her face, making fun of her weight. Danielle also deals with the gradual resurgence of childhood trauma, "I lost my friend. I turned off the faucet in my brain that controls all her liquid memories. I pretend that a flood of truth doesn't exist" (Vaughn, 2013, 196). As a child her best friend Emily was shot right in front of her. But with the pain comes support. Danielle spends time revisiting old scars, as well as addressing new ones.

Danielle's ordering compulsions are introduced first. She keeps her books, personal writings, hats, and snow globes perfectly organized. There is one potential symmetry-related obsession. While filling out college applications, Danielle starts thinking about how to organize her dorm room (Vaughn, 2013, 27-28). She worries about fitting everything into a tiny dorm, as she mentally maps room dimensions and furniture measurements. Even numbers might be another symmetry obsession for Danielle. In a speech, Ms. Harrison acknowledges the importance of reading an even number of pages in class in order to appease Danielle's OCD (Vaughn, 213, 206).

There is one potential harm obsession. On the plane ride to England Danielle panics when classmate Sarah starts to feel sick,

> "What if my mean thoughts about Sara had a force of their own? What if they were psychically projected as a biologically destructive black cloud? Just what if? What if all my ill will literally made her diseased. I'm panicking here. I have to go lock myself in the bathroom. Gotta get to a safe zone" (Vaughn, 2013, 81).

This harm obsession is paired with counting and repeating compulsions. Danielle takes her hats on and off and hums one of the Romantic Era's entire albums. Her most consistent compulsion is to italicize or underline vocab words in her English essays. When Marv comments on this, she writes, "I let him think it was unique instead of telling him I have to or something bad might happen" (Vaughn, 2013, 34). This statement also alludes to the presence of harm-related obsessions.

Some of her compulsions that are not paired with obsessions include checking the locks on her me-moir binder, checking college application questions four times each, counting by twos, and counting floor tiles.

If "OCD" were not in the title, it would be difficult for someone who knows very little about this mental illness to recognize it. But one could argue, since the story primarily consists of Danielle's personal writings, it makes sense for her compulsions to outweigh her obsessions. Her journal entries were placed under the subcategory "There are attempts to "suppress," subdue, or avoid these obsessions." Rather than write about her obsessions in detail, Vaughn briefly alludes to them. Instead of walking the reader through Danielle's thought process she simply states that her snow globes are organized in "proper clusters." In addition, the subcategory titled "preformed in response to an obsession" contains one entry. It includes Danielle's harm obsession and repeating compulsions on the plane ride to England. Her obsession and compulsions on the plane are the most straightforward, common symptom dimension for OCD according to the

DSM-5. Danielle fears her hurtful thoughts toward Sarah inadvertently caused Sarah to get sick. This obsession led to counting and repeating compulsions. Within the text, a majority of her symmetry-related compulsions were not paired with an obsession.

The novel also touches on the damaging effects of trauma, "I was supposed to start a new life, too, but that same old tortured me had come along" (Vaughn, 2013, 203). Danielle has OCD, but signs also point to her suffering from some form of Post-Traumatic Stress Disorder (PTSD). According to the APA,

> "People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch" (APA).

This could be why she has poor social skills, having closed herself off after the Emily's passing. Danielle suffers from a panic attack when Daniel mentions Emily. Even though her behavior points to PTSD, it is never addressed by a mental health professional. Therefore, there is no way of knowing if this was the author's intention. But there is more influencing Danielle's mental health than just OCD.

In her writings, Danielle barely mentions her former therapist, Stella. At her new school, Danielle's English teacher sends her to the school psychologist. Since Danielle expresses herself best though the written word, Marv suggests writing letters instead of in-person meetings. But Danielle's OCD is never explicitly stated in these letters. She likes to use metaphors such as, "I feel like your asking me is just some kind of game to get into my head, which is my business. Things are neatly organized in there. If I write to you about these things, it may disorganize my filing system" (Vaughn, 2013, 61).

Danielle is never formally diagnosed with OCD. Social skills class, yoga, and Adderall are her only forms of treatment. Lexapro, like Chuck takes in *Lexapos and Cons*, belongs in a medication class called selective serotonin reuptake inhibitors (SSRIs). According to the APA, SSRIs are used to treat depression and OCD (APA). In contrast, Adderall is a stimulant. It is typically used to treat ADHD (Adderall Oral: Uses, Side Effects, Interactions, Pictures, Warnings & Dosing). Since this is the only novel to use a medication's formal name, other than the usual SSRI, this analysis will not focus on this aspect of her treatment. Understanding the nuances of taking Adderall for OCD involves medical training that I do not have. Danielle only mentions her medication three times.

Danielle's mental disorders consist of OCD and potentially PTSD, stemming from childhood trauma. Over the course of the novel she opens up, becoming more aware of her mental health. In her last English essay she writes about Emily. She reads to the class, "…it was such a relief to get it out of me" (Vaughn, 2013, 207).

Discussion

Before discussing symptoms and treatment, it is important to note the most common themes across the sample. The characters in teen driven narratives, as stated by Monaghan, experience a range of biological, environmental, and situational pressures (Monaghan 2016). All six novels were written in first person. Each YA protagonist from the sample faced a major life event that influenced their obsessive-compulsive disorder. Some grieved the passing of a loved one. Half of the novels dealt with loss (*Waiting for* Fitz, History *is All you Left* Me, *Six Goodbyes We Never Said*). Each protagonist fell in love or had a crush, except Naima (*Six Goodbyes We Never Said*). In that novel Dew, the boy next door, had a crush on Naima.

In all six-sample books a wide range of OCD symptoms were represented. The four most common symptom dimensions for OCD, according to the *DSM-5*, are present across the sample. The only questionable exception deals with "Forbidden or taboo thoughts" plus "aggressive, sexual, and religious obsessions" (APA, 2013, 2). Chuck from *Lexapros and Cons* shows signs of either counting or sexual compulsions with his tally sheet.

A Scary Scene in A Scary Movie contains contamination and harm obsessions plus cleaning, symmetry, and checking compulsions. *Waiting for Fitz* contains contamination and harm obsessions, plus cleaning and symmetry compulsions. *History is All you Left Me* contains symmetry and harm obsessions plus symmetry compulsions. *Lexapros and Cons* contains questionable forbidden or taboo thoughts, contamination, and harm

obsessions plus cleaning, checking, and questionable sexual compulsions. *Six Goodbyes We Never Said* contains contamination and questionable harm obsessions plus symmetry and cleaning compulsions. *OCD, the Dude, and Me* contains symmetry and harm obsessions plus symmetry and checking compulsions.

There are quite a few variations between obsession and compulsion dimensions across the sample. The *DSM* states, "while the specific content of obsessions and compulsions varies among individuals, certain symptom dimensions are common in OCD" (APA, 2013, 2). In addition, author Spencer Hyde of *Waiting for Fitz* wrote, "The very act of categorizing different mental illnesses seems to deny a sense of individuality in some way" (Hyde, 2019, VII). At least four of the six novels appeared to include an obsession and compulsion dimension that was not listed among the most common four (*A Scary Scene in a Scary Movie*, *Waiting for Fitz*, *Six Goodbyes We Never Said*, and *OCD, the Dude, and Me*).

As shown in Table 1, for half of the protagonists OCD appears to be their only mental illness (*A Scary Scene in a Scary Movie, Waiting for Fitz,* and *Lexapros and Cons*), while the other half have more than one mental disorder (*History is All You Left Me, Six Goodbyes We Never Said,* and *OCD, the Dude, and Me*). Of the protagonists who had more than one mental illness, only one was diagnosed by a mental health professional within the text (*History is all You Left Me*).

Across the sample, instances of compulsions tended to outweigh the number of obsessions. When a character's only mental illness was OCD, the coding frame contained

slightly more obsessions than if the character had two or more mental illnesses (OCD + another mental illness).

Title	Author	Obsessive Compulsive Disorder (OCD)	Other Mental Illnesses
A Scary Scene in a Scary Movie	Matt Blackstone	Yes	None
Waiting for Fitz	Spencer Hyde	Yes	None
Lexapros and Cons	Aaron Karo	Yes	None
History is All You Left Me	Adam Silvera	Yes	An unspecified delusional disorder
Six Goodbyes We Never Said	Candace Granger	Yes	Generalized Anxiety Disorder (GAD) and Depression
OCD, the Dude, and Me	Lauren Roedy Vaughn	Yes	Post Traumatic Disorder (PTSD)

Table 1. Mental Illnesses Experienced by Protagonists

Having a range of OCD representation in YA novels, from detailed accounts to allusive descriptions, opens an array of windows, mirrors, and sliding glass doors. This representation caters to a diverse set of readers, supporting a range of comfort zones, lived experiences, and knowledge bases (Bishop, 1990). Some characters have fewer obsessions, such as Danielle in *OCD, the Dude, and Me*. In contrast, Rene's obsessions and compulsions in *A Scary Scene in a Scary Movie* are extremely detailed. If you choose any one of these books at random, you begin to see beyond the stereotype of OCD as more than an obsession with organization and cleanliness.

Literary elements and stylistic choices are also used to represent OCD symptoms. Some authors used italics. The italics represent a character's intrusive thoughts (*A Scary*

Scene in a Scary Scene). They also emphasize or highlight particular words or phrases within an obsession (*Waiting for Fitz*, *Lexapros and Cons*). Some author's used metaphoric language. A character would use metaphors to describe their OCD symptoms. For example, Asa in *Turtles all the Way Dow*n refers to her obsessions as "thought spirals." In three of the sample books, at least one metaphor is used by the protagonist to describe their OCD. Danielle tries to keep the "spigots" in her mind closed (Vaughn, 2013). Rene describes his experience with OCD as being in "a scary scene in a scary movie" and as "doomsday" (Blackstone, 2011). Addie "builds walls around her heart" and wears a "comedy mask" during therapy (Hyde, 2019).

The medical treatment category within the coding frame represents the many ups, downs, struggles, and triumphs of each protagonist's treatment. This small purposive sample represents a range of experiences, but the characters all have something common. Each character overcomes their resistance to treatment in at least one form, whether it be opening up to their doctor, taking their medication, practicing CBT, or attending group therapy. They transition from rejecting, avoiding, fighting, or even ignoring their OCD, to a point of acceptance. Each novel ends with a changed character. The books are not wrapped up in a bow. Every story is left open ended. No character is cured, rather each character views their OCD through a fresh lens.

Conclusions

This qualitative content analysis looks at representations of OCD in young adult realistic fiction. Using the *DSM-5,* a coding frame was created. A purposive sample of six novels were chosen, read, and coded for their diagnostic criteria and medical treatment. This study found a wide range of representation. Each of the common symptom dimensions for OCD were present across the sample. But there were many other symptom variations, showing how OCD symptoms vary among individuals.

Mental illness is never black and white. One teen's experience with OCD is going to look different from another's. "Discussing, talking about, writing about, and experiencing mental illness in all its permutations is tricky, delicate work. But it doesn't mean we should avoid the conversation," wrote Spencer Hyde, author of *Waiting for Fitz*. (Hyde, 2019, IX). Writing about mental illness is messy and often imperfect, but that does not mean we should avoid it.

The framework for this study is limited to one genre: YA realistic fiction. The sample only represents one mental illness. This qualitative content analysis will hopefully lead to subsequent research, looking at other forms of mental illness representation across other YA genres.

Bibliography

Adderall Oral: Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. (n.d.). https://www.webmd.com/drugs/2/drug-63163/adderall-oral/details#:~:text=Amphetamine%2Fdextroamphetamine%20belongs%20to%20a%20class%20of%20drugs%20known%20as%20stimulants

American Psychiatric Association. (n.d.). *DSM–5*: Frequently Asked Questions. https://www.psychiatry.org/psychiatrists/practice/dsm/feedback-and-questions/frequently-asked-questions.

American Psychiatric Association. What are anxiety disorders? (n.d.). https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders#:~:text=Generalized%20anxiety%20disorder%20involves%20persistent,muscle%20tension%20or%20problems%20sleeping.

American Psychiatric Association. What is obsessive-compulsive disorder? (n.d.). https://www.psychiatry.org/patients-families/ocd/what-is-obsessive-compulsive-disorder.

American Psychiatric Association. What is posttraumatic stress disorder? (n.d.). https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd.

American Psychiatric Association. DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders : DSM-5.* Washington, D.C. : American Psychiatric Association, c2013.

American Psychiatric Association. (n.d.). Patients & Families: What is Mental Illness? https://www.psychiatry.org/patients-families/what-is-mental-illness#:~:text=Mental%20illnesses%20are%20health%20conditions,Mental%20illness%20is%20common.

Anxiety and Depression Association of America (ADAA). (n.d.). *Facts & Statistics | Anxiety and Depression Association of America.* https://adaa.org/aboutadaa/press-room/factsstatistics#:~:text=OCD%20affects%202.2%20million%20adults,first%20experienced%20symptoms%20in%20childhood.

Bishop, R.S. (1990). Mirrors, Windows, and Sliding Glass Doors. Retrieved from https://scenicregional.org/wp-content/uploads/2017/08/Mirrors-Windows- and -Sliding-Glass-Doors.pdf.

Blackstone, M. (2011). *A scary scene in a scary movie*. New York: Farrar Straus Giroux.

Bulanda, J. J., Bruhn, C., Byro-Johnson, T., & Zentmyer, M. (2014). Addressing Mental Health Stigma among Young Adolescents: Evaluation of a Youth-Led Approach. *Health & Social Work*, *39*(2), 73–80. https://doi.org/10.1093/hsw/hlu008.

Cart, M., YALSA: A Division of the American Library Association. (2008). The Value of Young Adult Literature. http://www.ala.org/yalsa/guidelines/whitepapers/yalit.

Flick, U. (2014). Qualitative Content Analysis. Schreier, M. *The SAGE Handbook of Qualitative Data Analysis*. SAGE Publications Ltd. (1-16). https://doi.org/10.4135/9781446282243.

Ganger, C. (2019). *Six goodbyes we never said*. New York, NY: Wednesday Books.

Green, J. (2017). *Turtles All the Way Down*. New York, NY: Dutton Books.

Hyde, S. (2019). *Waiting for Fitz*. Salt Lake City, Utah: Shadow Mountain.

Jensen, K. (2016). #MHYAL: OCD tales – Reflections on an OCD sufferer's sabbatical study of YA novels of mental illness. [Blog post]. School Library Journal. Retrieved from http://www.teenlibrariantoolbox.com/2016/05/mhyalit-reflections-on-an-ocd-sufferers-sabbatical-study-of-ya-novels-of-mental-illness/.

International OCD Foundation (n.d.). *International OCD Foundation | Who Gets OCD?* https://iocdf.org/about-ocd/who-gets/#return-note-63-1.

Karo, A. (2012). *Lexapros and cons*. New York: Farrar Straus Giroux.

Kurtts, S.A., Gavigan, K.W. (2008). Understanding (dis)abilities through children's literature. *Education Libraries*, 31(1), 23-31. https://auth-lib-unc edu.libproxy.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com.libproxy.lib.unc.edu/login.aspx?direct=true&db=lls&AN=502945439&site=ehost-live&scope=site.

Malo-Juvera, V., & Greathouse, P. (2020). Examining Mental Illness in John Green's Turtles All the Way Down OCD–More than Just Attention to Detail. Olan, E.L., and Richmond, K.J. *Breaking the taboo with young adult literature*. (45-52). Lanham, Maryland : Rowman & Littlefield, [2020].

McGinty, E. E., Kennedy-Hendricks, A., Choksy, S., & Barry, C. L. (2016). Trends In News Media Coverage Of Mental Illness In The United States: 1995-2014. *Health Affairs (Project Hope)*, *35*(6), 1121–1129. https://doi.org/10.1377/hlthaff.2016.0011..

Moses, T. (2010). Being treated differently: Stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science & Medicine*, 70(7), 985-993. doi:10.1016/j.socscimed.2009.12.022.

Norton, C. L. (2010). Bibliotherapy as an Intervention Approach for Children and Adolescents with Emotional Disabilities. Gavigan, K., Kurtts, S. & Mimms, M. *Innovative interventions in child and adolescent mental health*. (124-140). New York ; London : Routledge, 2010.

Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: a systematic literature review. *Administration and Policy in Mental Health*, *40*(5), 384–399. https://doi.org/10.1007/s10488-012-0430-z.

Richmond, K. J. (2014). Using literature to confront the stigma of mental illness, teach empathy, and break stereotypes. *Language Arts Journal of Michigan*, *30*(1). 18-25. https://doi.org/10.9707/2168-149X.2038.

Richmond, K. J. (2019). *Mental illness in young adult literature : exploring real struggles through fictional characters*. Santa Barbara, California : Libraries Unlimited, an imprint of ABC-CLIO, LLC, [2019].

"Mental Illness and Substance Use in Young Adults." https://www.samhsa.gov/young-adults.

Monaghan, A. (2016). Evaluating Representations of Mental Health in Young Adult Fiction: The Case of Stephen Chbosky's The Perks of Being a Wallflower. *Università Degli Studi Di Milano*. https://doi.org/10.13130/2037-2426/7400.

Schmidt, P.S., Corbett, Ashley. (2016) Carpe Librum: Seize the (YA) Book: We're Not Crazy: Overcoming the Mental Health Stigma in YA Literature. *The English Journal, 105(6), 92-93*. www.jstor.org/stable/26359266.

Scrofano, D. (2019). Disability Narrative Theory and Young Adult Fiction of Mental Illness. *The Journal of Research on Libraries and Young Adults*, 10(1), 1-33.http://www.yalsa.ala.org/jrlya/2019/03/disability-narrative-theory-and-young-adult-fiction-of-mental-illness/.

Scrofano, D. (2015). Not as Crazy as It Seems: Discussing the New YA Literature of Mental Illness in Your Classroom or Library. *Young Adult Library Services*, 13(2), 15-20. https://search-proquestcom.libproxy.lib.unc.edu/docview/1655880811/fulltextPDF/26D8C5FFF89E4F0FPQ/1?accountid=14244.

Shortley, V. (2018). *'But Now I Yearn for a … Story About a Cripple Who Isn't Cured': Representations of Disability in Middle Grade and Young Adult Literature.* https://doi.org/10.17615/2qcm-kh79.

Silvera, A. (2017). *History is all you left me*. New York, NY: Soho Teen.

U.S. Department of Health & Human Services. (n.d.). Adolescent development: Mental Health. Adolescent Mental Health Basics. https://www.hhs.gov/ash/oah/adolescent-development/mental-health/adolescent-mental-health-basics/index.html.

Vaughn, L. R. (2013). *OCD, the dude, and me: A novel*. New York, NY: The Penguin Group.

White, M.D. & Marsh, E.E. (2006). Content Analysis: A Flexible Methodology. *Library Trends*, 55(1), 22-45. doi:10.1353/lib.2006.0053.

Wickham, A. (2018). It is all in your head: mental illness in young adult literature. *Journal of Popular Culture*, *51*(1), 10–25. https://doi.org/10.1111/jpcu.12641.

Williams, I.R. (2015, June 26). Why YA fiction needs to tell stories of mental illness. *The Guardian.* https://www.theguardian.com/books/booksblog/2015/jun/26/ya-fiction-mental-illness-ocd-bipolar-depression.

Winder, A. (2019). "12 YA Books About Obsessive-Compulsive Disorder." https://bookriot.com/ya-books-about-obsessive-compulsive-disorder/#:~:text=Kissing%20Doorknobs%20by%20Terry%20Spencer,treatment%20of%20obsessive%2Dcompulsive%20disorder.

Appendix

The appendix includes a blank copy of the coding frame and a list of the novels in the sample.

Coding Frame:

Category #1: Diagnostic Criteria

1. Obsession
    - Definition: "Repetitive and persistent thoughts, urges, or images”
    - These are “Intrusive” and "unwanted"
    - These cause “anxiety or distress”
    - There are attempts to “suppress," subdue, or avoid these obsessions
2. Compulsion
    - Definition: “Repetitive behaviors or mental acts”
    - Preformed in response to an obsession
    - Compulsion rules are strictly applied
    - These attempt to “prevent” an event or situation
    - These attempt to lessen or avoid anxiety/distress
    - Compulsions are not “connected in a realistic way” with what they are trying to subdue or avoid

Category #2: Medical Treatment

1. Medication

- Medication is prescribed, taken or not

2. Therapy
    - Has received and or is currently receiving therapy

Common Symptom Dimensions:

- "Cleaning (contamination obsessions and cleaning compulsions)"
- "Symmetry (symmetry obsessions and repeating, ordering, and counting compulsions)"
- "Forbidden or taboo thoughts (e.g., aggressive, sexual, and religious obsessions and related compulsions)"
- "Harm (e.g., fears of harm to oneself or others and related checking compulsions)" (APA)

Sample:

- *A Scary Scene from a Scary Movie* by Matt Blackstone
- *Waiting for Fitz* by Spencer Hyde
- *History is All You Left Me* by Adam Silvera
- *Lexapros and Cons* by Aaron Karo
- *Six Goodbyes we Never Said* by Candace Ganger
- *OCD, the Dude, and Me* by Lauren Roedy Vaughn

Entire population:

- *OCD, the Dude, and Me* by Lauren Roedy Vaughn
- *History is All You Left Me* by Adam Silvera
- *The Unlikely Hero of Room 13B* by Teresa Toten
- *Waiting for Fitz* by Spencer Hyde

- *Under Rose-Tainted Skies* by Louise Gornall
- *What If* by Anna Russell
- *Don't Touch* by Rachel Wilson
- *Six Goodbyes we Never Said* by Candace Ganger
- *Tiffany Sly Lives Here Now* by Dana L. Davis
- *All the Ways the World can End* by Sher Abigail
- *Compulsion* by Heidi Ayarbe
- *A Scary Scene from a Scary Movie* by Matt Blackstone
- *Lexapros and Cons* by Aaron Karo
- *Say What You Will* by Cammie McGovern